

**STUDENT COURSE COGNITIVE AND SKILLS PERFORMANCE EVALUATION FORMS**

# Station IX: Head and Neck Trauma Assessment and Management

Faculty: (Qualified ATLS Instructor)

Time: (Four 40-minute rotations)

**Instructions:** Indicate your response to the student's overall skills performance according to essential requirements for this station and the guidelines outlined in Section II, Chapter 5, Cognitive and Skills Performance Requirements and Evaluation. Please include written comments if student's rating/status is incomplete/ remedial.

**Rating:** S = Successful      IRM = Incomplete/Remedial      IP = Instructor Potential

GROUP AND STUDENT'S NAME	RATING AND COMMENTS
A-1	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
A-2	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
A-3	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
A-4	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
B-5	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
B-6	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
B-7	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
B-8	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
C-9	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
C-10	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
C-11	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
C-12	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
D-13	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
D-14	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
D-15	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
D-16	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP

**STUDENT COURSE COGNITIVE AND SKILLS PERFORMANCE EVALUATION FORMS**

# Station X: X-ray Identification of Spine Injuries

**Faculty:** (Qualified ATLS Instructor)**Time:** (Four 40-minute rotations)

**Instructions:** Indicate your response to the student's overall skills performance according to essential requirements for this station and the guidelines outlined in Section II, Chapter 5, Cognitive and Skills Performance Requirements and Evaluation. Please include written comments if student's rating/status is incomplete/remedial.

**Rating:** S = Successful      IRM = Incomplete/Remedial      IP = Instructor Potential

GROUP AND STUDENT'S NAME	RATING AND COMMENTS
B-5	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
B-6	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
B-7	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
B-8	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
C-9	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
C-10	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
C-11	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
C-12	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
D-13	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
D-14	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
D-15	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
D-16	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
A-1	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
A-2	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
A-3	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
A-4	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP

**STUDENT COURSE COGNITIVE AND SKILLS PERFORMANCE EVALUATION FORMS**

# Station XI: Spinal Cord Injury Assessment and Management

**Faculty:** (Qualified ATLS Instructor)**Time:** (Four 40-minute rotations)

**Instructions:** Indicate your response to the student's overall skills performance according to essential requirements for this station and the guidelines outlined in Section II, Chapter 5, Cognitive and Skills Performance Requirements and Evaluation. Please include written comments if student's rating/status is incomplete/remedial.

**Rating:** S = Successful      IRM = Incomplete/Remedial      IP = Instructor Potential

GROUP AND STUDENT'S NAME	RATING AND COMMENTS
C-9	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
C-10	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
C-11	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
C-12	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
D-13	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
D-14	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
D-15	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
D-16	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
A-1	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
A-2	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
A-3	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
A-4	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
B-5	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
B-6	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
B-7	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
B-8	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP

**STUDENT COURSE COGNITIVE AND SKILLS PERFORMANCE EVALUATION FORMS**

# Station XII: Musculoskeletal Trauma Assessment and Management

**Faculty:** (Qualified ATLS Instructor)**Time:** (Four 40-minute rotations)

**Instructions:** Indicate your response to the student's overall skills performance according to essential requirements for this station and the guidelines outlined in Section II, Chapter 5, Cognitive and Skills Performance Requirements and Evaluation. Please include written comments if student's rating/status is incomplete/ remedial.

**Rating:** S = Successful      IRM = Incomplete/Remedial      IP = Instructor Potential

GROUP AND STUDENT'S NAME	RATING AND COMMENTS
D-13	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
D-14	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
D-15	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
D-16	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
A-1	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
A-2	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
A-3	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
A-4	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
B-5	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
B-6	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
B-7	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
B-8	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
C-9	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
C-10	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
C-11	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
C-12	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP